

Entitlement Eligibility Guideline

Fibromyalgia

Date created: 31 March 2025

ICD-11 code: MG30.01

VAC medical code: 72910 Fibromyalgia syndrome

Definition

Fibromyalgia, also known as fibromyalgia syndrome, is one of the leading causes of chronic widespread pain (CWP). While pain is its primary and distinguishing characteristic, fibromyalgia is a complex set of symptoms that also include fatigue, sleep disturbances, and functional symptoms (medical symptoms not explained by structural or pathological causes) that may significantly impact the quality of life and functional ability of individuals.

For the purposes of this entitlement eligibility guideline (EEG), the following conditions are included:

- fibromyalgia
- fibromyalgia syndrome.

Diagnostic standard

Diagnosis by a qualified physician (rheumatologist, family physician), nurse practitioner, or physician assistant (within their scope of practice) is required.

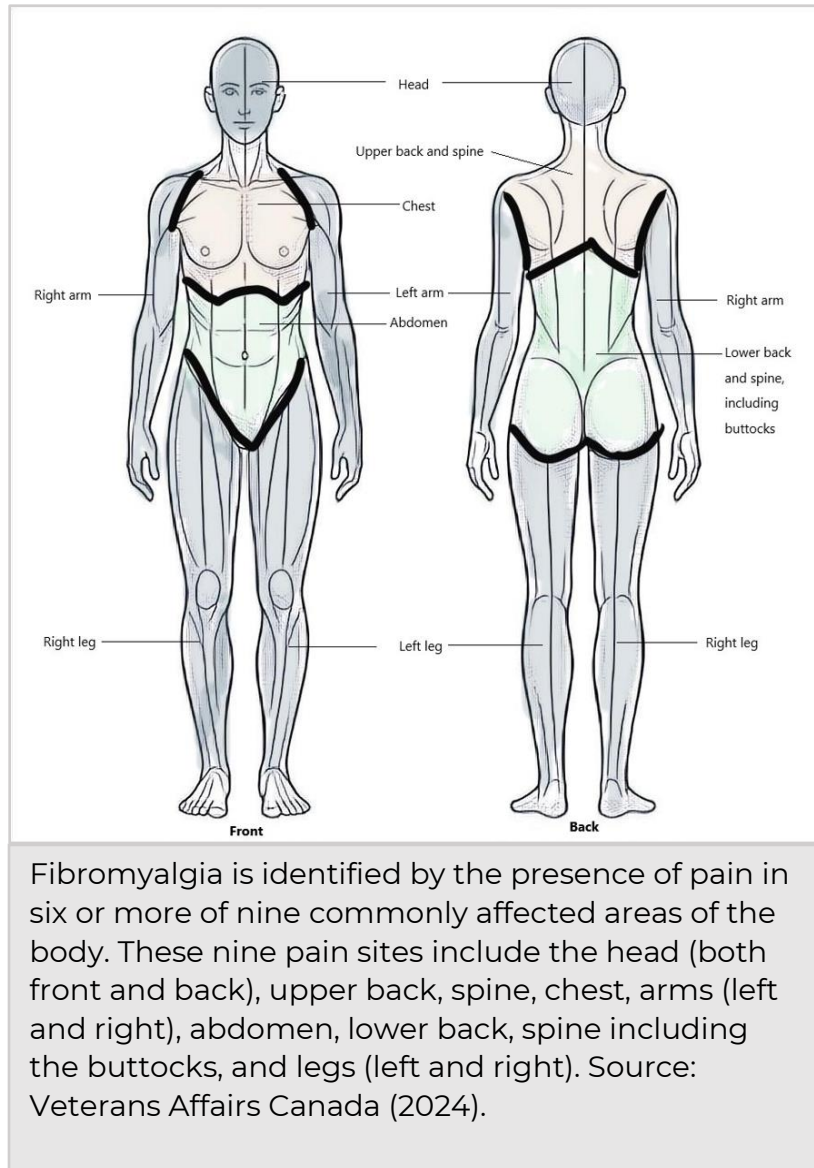
The diagnosis of fibromyalgia is primarily clinically based. The ACTION-APS Pain Taxonomy (AAPT) diagnostic criteria is a clinically useful diagnostic system and consistent across chronic pain disorders.

AAPT diagnostic criteria for fibromyalgia are as follows:

- Multisite pain (MSP): Defined as pain in six or more out of nine possible body sites ([Figure 1: Pain sites of the body](#)).
- Sleep problems or fatigue: The presence of moderate to severe sleep problems or fatigue is required. These symptoms must be judged to be of at least moderate severity by the healthcare professional.
- Duration of symptoms: MSP, along with fatigue or sleep problems, must be present for at least 3 months.

- Other disorders: The presence of another pain disorder or related symptoms does not rule out a diagnosis of fibromyalgia. However, a clinical assessment is recommended to evaluate any condition that could fully explain the patient's symptoms or contribute to the severity of the symptoms.

Figure 1: Pain sites of the body



Anatomy and physiology

This section represents the current understanding of the anatomy and pathophysiology of fibromyalgia. It is based on the current scientific and medical literature available at the time of publication of this EEG. Review of this evidence supports that fibromyalgia results from a combination of factors involving genetic

predisposition, individual experiences, emotional cognitive factors, and the mind-body relationship.

Fibromyalgia is characterized by widespread pain, sleep disturbances, mood disorders, and other symptoms that result from dysregulation of the nociceptive part of the peripheral and central nervous system. This dysregulation leads to nociplastic pain, where pain arises from altered processing of pain signals without clear evidence of tissue damage.

Overall, the pathophysiology of fibromyalgia is multifactorial, involving a complex interplay between the central and peripheral nervous systems, immune response, hormonal regulation, and genetic susceptibility. Genetic predisposition combined with environmental triggers (such as physical or emotional trauma) appear to play a role in the syndrome's onset.

Although the details of the mechanisms of dysregulation are still under investigation, the following physiological processes and changes have been substantiated in the current medical and scientific literature.

Central nervous system sensitization: Fibromyalgia is associated with alterations in the central nervous system that lead to increased sensitivity to pain. This central sensitization involves enhanced processing and decreased inhibition of pain signals in the brain and spinal cord, contributing to widespread pain.

Neurotransmitter dysregulation: Neurotransmitter levels in fibromyalgia (including serotonin, norepinephrine, and dopamine) may be poorly regulated and affect pain perception, mood regulation, and sleep.

Immune system involvement: There are abnormal levels of proinflammatory chemical mediators in the blood and cerebrospinal fluid of individuals with fibromyalgia, suggesting a low-grade inflammatory response.

Autonomic nervous system dysfunction: The autonomic nervous system may be impaired, affecting bodily functions such as temperature regulation issues and genitourinary and gastrointestinal symptoms.

Hormonal imbalances: Abnormal stress hormone levels, including cortisol, have been observed in fibromyalgia patients, indicating a potential link between stress response systems and fibromyalgia symptoms.

Oxidative stress and mitochondrial dysfunction: Oxidative stress and mitochondrial dysfunction in fibromyalgia may contribute to muscle pain and fatigue. Abnormalities in mitochondrial function may lead to energy deficits and influence the production of pain related neurotransmitters.

Clinical features

The clinical presentation of fibromyalgia is complex and involves a constellation of symptoms beyond the feature of chronic widespread pain. Patients with fibromyalgia often experience deep, aching pains that can vary in intensity and location, affecting muscles, joints, and soft tissues. The pain is typically persistent, with fluctuations in severity, and can be aggravated by environmental and psychological stressors.

Widespread pain: The primary symptom is a persistent ache or sharp pain across various parts of the body and is often described as coming from the muscles or joints. This pain is widespread and not confined to one specific area, typically presenting at bodily sites depicted in [Figure 1: Pain sites of the body](#).

Fatigue: Individuals with fibromyalgia report a profound sense of exhaustion that is not relieved by rest or sleep, affecting daily activities and quality of life. This fatigue can be physical and mental, leading to cognitive difficulties known as "fibro fog," which includes problems with concentration, memory, and decision making.

Sleep disturbances: There is often report of experiencing nonrestorative sleep, difficulty falling asleep, or staying asleep, contributing to daytime fatigue and cognitive impairments.

Mood disorders: In individuals with fibromyalgia there is a high prevalence of mood disturbances, including depression and anxiety, which can exacerbate the perception of pain and further impair function.

Autonomic symptoms: Symptoms indicative of autonomic nervous system dysfunction, such as gastrointestinal symptoms, headaches, genitourinary symptoms, and temperature sensitivity are frequently reported.

Sensory overload: People with fibromyalgia may experience heightened sensitivity to stimuli, including light, noise, and temperature changes, often referred to as sensory overload or hypersensitivity.

The evidence suggests a significant association between exposure to stressors and adult fibromyalgia, with the strongest associations observed for physical abuse. The relationship between stressful life events, including both physical injuries and psychological stress such as posttraumatic stress disorder (PTSD), and the development of fibromyalgia highlights the complex interaction between environmental stressors and biological vulnerabilities.

Fibromyalgia demonstrates a higher prevalence in females compared to males, with an estimated 3.4% adult females and 0.5% of adult males affected. The onset of fibromyalgia symptoms can occur at any age but is most diagnosed in middle adulthood.

Entitlement considerations

Section A: Causes and/or aggravation

For Veterans Affairs Canada (VAC) entitlement purposes, the following [factors](#) are accepted to cause or aggravate the conditions included in the [Definition section](#) of this EEG, and may be considered along with the evidence to assist in establishing a relationship to service. The factors have been determined based on a review of up-to-date scientific and medical literature, as well as evidence-based medical best practices. Factors other than those listed may be considered, however consultation with a disability consultant or medical advisor is recommended.

The timelines cited below are for guidance purposes. Each case should be adjudicated on the evidence provided and its own merits.

Factors

1. Having experienced a **significant physical trauma**. Significant trauma should have ongoing symptoms that require medical attention. The clinical onset or aggravation of fibromyalgia should occur within one year of the traumatic event. Examples may include, but are not limited to, cervical and lumbar spine injuries.
2. Having a clinically significant **psychiatric condition** within two years prior to the clinical onset or aggravation of fibromyalgia.

Note: For VAC purposes, clinically significant means requiring ongoing treatment and clinical management.

3. Directly experiencing a **traumatic event(s)** within one year before clinical onset or aggravation of fibromyalgia.

Traumatic events include, but are not limited to:

- emotional trauma
- exposure to military combat
- threatened or actual physical assault
- threatened or actual sexual trauma
- being kidnapped
- being taken hostage
- being in a terrorist attack
- being tortured
- incarceration as a prisoner of war
- being in a natural or human-made disaster
- being in a severe motor vehicle accident

- killing or injuring a person
 - experiencing a sudden, catastrophic medical incident
 - experiencing an acute, severe, emotional stressor
 - medical trauma
 - moral injury
 - sexual harassment
 - repeated exposure to prejudicial or unjust treatment.
4. Having an **autoimmune inflammatory disease** at the time of clinical onset or aggravation of fibromyalgia. Some examples of autoimmune inflammatory disease include, but are not limited to:
- [rheumatoid arthritis](#)
 - [ankylosing spondylitis](#)
 - systemic lupus erythematosus.
5. Inability to obtain **appropriate clinical management** of fibromyalgia.

Section B: Medical conditions which are to be included in entitlement/assessment

Section B provides a list of diagnosed medical conditions which are considered for VAC purposes to be included in the entitlement and assessment of fibromyalgia.

- Diffuse myofascial pain syndrome
- Chronic widespread pain (CWP)
- Myalgic encephalomyelitis (ME)
- Chronic fatigue syndrome (CFS)
- Myofascial pain syndrome

Note: Physical or psychological manifestations such as, but not limited to, changes in mood, anxiety, sleep disturbance, fatigue, headaches, temperature dysregulation, sensory changes, gastrointestinal and/or genitourinary symptoms and soft tissue/myofascial pain are included in the entitlement and assessment of fibromyalgia. Where symptoms develop into a separate diagnosed disorder, consequential entitlement may be considered.

Section C: Common medical conditions which may result, in whole or in part, from fibromyalgia and/or its treatment

No consequential medical conditions were identified at the time of the publication of this EEG. If the merits of the case and medical evidence indicate that a possible consequential relationship may exist, consultation with a disability consultant or medical advisor is recommended.

Links

Related VAC guidance and policy:

- [Adjustment Disorder – Entitlement Eligibility Guidelines](#)
- [Ankylosing Spondylitis – Entitlement Eligibility Guidelines](#)
- [Anxiety Disorders – Entitlement Eligibility Guidelines](#)
- [Bipolar and Related Disorders - Entitlement Eligibility Guidelines](#)
- [Depressive Disorders - Entitlement Eligibility Guidelines](#)
- [Feeding and Eating Disorders - Entitlement Eligibility Guidelines](#)
- [Posttraumatic Stress Disorder - Entitlement Eligibility Guidelines](#)
- [Rheumatoid Arthritis – Entitlement Eligibility Guidelines](#)
- [Schizophrenia - Entitlement Eligibility Guidelines](#)
- [Substance Use Disorders - Entitlement Eligibility Guidelines](#)
- [Pain and Suffering Compensation – Policies](#)
- [Royal Canadian Mounted Police Disability Pension Claims – Policies](#)
- [Dual Entitlement – Disability Benefits – Policies](#)
- [Establishing the Existence of a Disability – Policies](#)
- [Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle – Policies](#)
- [Disability Benefits in Respect of Wartime and Special Duty Service – The Insurance Principle – Policies](#)
- [Disability Resulting from a Non-Service Related Injury or Disease – Policies](#)
- [Consequential Disability – Policies](#)
- [Benefit of Doubt – Policies](#)

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